



Missouri Department of Elementary and Secondary Education

— Making a positive difference through education and service —

Missouri Transition Liaison Program

The Missouri Department of Elementary and Secondary Education and the Transition Coalition are now recruiting school personnel to become Transition Liaisons across Missouri. We need your assistance at the local level to improve transition education and services throughout the state.

Missouri Transition Liaisons will devote time and energy to improve transition in Missouri through increased communication and collaboration with the Regional Professional Development Centers, the Transition Coalition, and DESE. The goal for the development of Transition Liaisons is to build capacity at the local level. Liaisons will provide input into statewide guidance documents and forms; review professional development trainings and resources; collaborate with other transition liaisons; RPDC Consultants, Transition Coalition and the DESE; disseminate information at both the district and regional level to develop a collaborative group of colleagues.

Transition Liaisons will participate in 1 – 2 day training during the school year and will participate in the planning and/or presentation of the State Transition Institute.

To be considered as a Transition Liaison, please complete and return the attached application. You may email it in an attachment to Pattie Noonan at pnoonan@ku.edu. or fax it to the attention of Pattie Noonan at Fax (785)-864-4149. Applications must be submitted by January 31, 2008 for consideration.

APPLICATION DEADLINE:

Applications will be reviewed by a committee, and those selected to be Missouri Transition Liaisons will be notified via email by February 7, 2008. Please note, all information is voluntary, and we will not be contacting your workplace or references.



Missouri Transition Liaison Program APPLICATION

Please complete the below application AND attach your most recent resume. Please email as attachments to Pattie Noonan at pnoonan@ku.edu OR fax to the attention of Pattie Noonan at **785-864-4149**.
If you have questions about the application, please contact Pattie Noonan (pnoonan@ku.edu).

Please type or print

Applicant Information

Name (First)	M.I.	Last	
Current Address:	City	State	Zip
Phone Number	E-Mail		

Employment Information

Current employer name	Position Title	
-		
Address	City	State
Zip		

Demographic information

1. What region of Missouri do you work in?

- | | | | | |
|--------------------------------------|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Southeast | <input type="checkbox"/> 2 Heart of Missouri | <input type="checkbox"/> 3 Kansas City | <input type="checkbox"/> 4 Northeast | |
| <input type="checkbox"/> 5 Northwest | <input type="checkbox"/> 6 South Central | <input type="checkbox"/> 7 Southwest | <input type="checkbox"/> 8 St. Louis | <input type="checkbox"/> 9 Central |

2. What is your current primary role?

- | | |
|--|---|
| <input type="checkbox"/> Elementary School | |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Transition Services (Specialist, Coordinator, Facilitator, etc.) |
| <input type="checkbox"/> High school | <input type="checkbox"/> Other (please specify) _____ |

3. In your current position, what students do you primarily teach?

Low Incidence

- ☐ Autism
- ☐ Deaf Blindness
- ☐ Other Health Impairment
- ☐ Severe and Multiple Disabilities
- ☐ Traumatic Brain Injury
- ☐ Moderate/Severe Mental Retardation

High Incidence

- ☐ Emotional/Behavioral Disabilities
- ☐ Learning Disabilities
- ☐ Speech and Language Impairment
- ☐ Mild Mental Retardation

Sensory Impairments

- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ I serve students across multiple groups at a program level (e.g., transition coordinator, school psychologist, etc.)

Other (please specify) _____



4. Where do you primarily serve students?

- ☐ Special School
☐ Self-Contained Special Education Classroom (serve students in classroom for majority of the day)
☐ Resource Room
☐ Consulting Services (e.g., general ed. classroom, transition services etc.)
☐ Co-teaching in General Education Classroom
☐ Community-based Program
☐ Other _____

5. In what type of community setting do you teach? Check all that apply.

- ☐ Urban ☐ Suburban ☐ Rural

6. In the space below, please tell us about yourself and why you'd like to become a Transition Liaison in Missouri.

As a Transition Liaison we agree to provide input to the transition team, RPDCs and the DESE. I will make a Commitment to attend scheduled meetings, serve as a member of Community Transition Group, participate in planning the State Transition Institute, disseminate necessary info to cohort groups and Community Teams, and collaborate with other Transition Liaisons.

Signed _____
(School/Special Education Administrator)

Signed _____
(School/High School Principal)

Signed _____
(School/Superintendent)

Please remember to submit your most recent resume with your application.

Thank you for your interest.

